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always, in the same manner, and that all the cases of death, with almost no exceptions, may come under the general primary disease.

The forms of death are as follows:

- | | |
|----------------------------|---|
| a. By the direct manner. | { Apoplectiform attacks.
Epileptiform "
Maniacal excitement.
Vices of nutrition { Paralytic
and Marasmus and
trophic troubles. { Bed-sores. |
| b. By the indirect manner. | |
| c. By accidental causes. | |
| | |

The natural form of death is by marasmus or paralytic wasting. This is the natural termination of the disease and also the most frequent, other forms of death being only complications. Christian and Ritti found this manner of death in 52 out of 119 men, and in 9 out of 20 women. The author adopts Charcot's theory of the central origin of *decubitus acutus*.

COMPLICATIONS.

Contribution à l'étude du mal perforant dans la paralysie générale. HILDEVERT BERTHÉLEMY. Thèse de Paris, 1890, No. 126.

The author considers historically the question of the origin of perforating ulcer of the foot, and of the three theories as to its origin, the mechanical, the vascular, and the nervous theories, he favors the latter, claiming that the nervous lesion is always present, while the vascular changes may be absent. Perforating ulcer is usually considered a rare complication in general paralysis, but Berthélemy claims that it is not so rare as is supposed, and that published observations are so few because attention has not been sufficiently called to the condition, and he is able to present eighteen observations, all from French sources, four being personal. In two cases the patients had suffered from a preceding locomotor ataxia, and the combined action of the tabes and the general paralysis producing the ulcer is admitted, while in two other cases alcoholism was doubtless a similar causal factor, but in the remaining fourteen there was no complication, and the general paralysis was looked on as the direct cause of the ulcer. A striking fact brought out in the study of the cases was that in eight of the eighteen cases it was noticed that under the evident influence of the ulcer undoubted remission occurred in the course of the general paralysis. The same fact was noted by Christian in publishing his observations on *mal perforant* in 1882, and he claimed that almost all remissions in general paralysis came as a sequel of prolonged suppurations. Berthélemy suggests that such remissions following suppurations give a basis for the therapeutic employment of revulsive measures such as setons in the neck or the actual cautery. The author reaches the same general conclusions as Marandon de Montyel in his thesis of 1888:—1. Progressive general paralysis is as justly a cause of perforating ulcer as other diseases of the nervous system. 2. The infrequency of published observations on perforating ulcer point to the fact that the complication should be carefully looked for to be discovered, and that attention has not been sufficiently called to it. 3. Perforating ulcer shows itself by preference in those general paralytics who have been alcoholics, or who have at least had some excess in drinking. 4. Perforating ulcer, judging by those cases which we have at command at present, favors remissions in general paralysis in those paralytics who have it.